Foster Family Home - Corrective Action Report

Provider ID:

2-591075

Home Name:

Liberty Albano, CNA

Review ID:

2-591075-8

16-530 Ohe Street

Reviewer:

Jackie Chamberlain

Keaau

HI 96749

Begin Date:

8/12/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed annual inspection. Home met all compliance requirements at the time of the

Compliance Manager

Primary Care Giver

Date 8/11/20

Date